

DECLARATION AND POWER OF ATTORNEY FOR UTILITY OR DESIGN		Attorney Docket No.	MEE-002
		First Named Inventor	Miller
COMPLETE IF KNOWN			
PATENT APPLICATION		Application Serial Number	Not Yet Assigned
<input type="checkbox"/> Declaration	<input checked="" type="checkbox"/> Executed Declaration	Filing Date	February 9, 2001
Submitted with Initial Filing	to be Submitted after Initial Filing (surcharge 37 CFR 1.16(e) required)	Group Art Unit	Not Yet Assigned
		Examiner Name	Not Yet Assigned

As a below named inventor, I hereby declare that:

My residence, post office address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

METHODS AND COMPOSITIONS FOR TREATING CONDITIONS OF THE EYE

(Title of the Invention)

the specification of which

is attached hereto

OR

was filed on 02/09/2001 as United States Application Serial Number or PCT International

Application Number and was amended on (MM/DD/YYYY) (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified application, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose to the Patent Office all information known by me to be material to patentability as defined in 37 CFR 1.56.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?
			<input type="checkbox"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet attached hereto.

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Serial Number(s)	Filing Date (MM/DD/YYYY)	
60/181,641	February 10, 2000	<input type="checkbox"/> Additional provisional application serial numbers are listed on a supplemental priority data sheet attached hereto.

Declaration and Power of Attorney for Utility or Design Patent Application

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DECLARATION – Utility or Design Patent Application

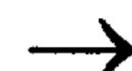
I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c), of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application or PCT Parent Serial Number	Parent Filing Date (MM/DD/YYYY)	Parent Patent Number (if applicable)

Additional U.S. or PCT international application numbers are listed on a supplemental priority data sheet attached hereto.

As a named inventor, I hereby appoint the following registered practitioners to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith: Customer Number

OR



*Place Customer
Number Bar Code
Label Here*

Registered practitioner(s) name/registration number listed below

Name	Registration Number	Name	Registration Number
Michael J. Bastian	P-47,411	Kurt W. Lockwood	40,704
Steven M. Bauer	31,481	Thomas C. Meyers	36,989
Elias C. Behrakis	P-47,416	Joseph B. Milstein	42,897
John V. Bianco	36,748	David G. Miranda	42,898
Isabelle A.S. Blundell	43,321	Ronda P. Moore	44,244
Maureen A. Bresnahan	44,559	Indranil Mukerji	P-46,944
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Kia L. Freeman	P-47,577	Joseph P. Sullivan	45,349
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Michael J. Giannetta	42,574	Thomas A. Turano	35,722
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William G. Guerin	41,047	Christine C. Vito	39,061
Jonathan A. Harris	44,744	Patrick R.H. Waller	41,418
Ira V. Heffan	41,059	Daniel A. Wilson	45,508
Danielle L. Herritt	43,670	Gerald E. Worth	45,238
Douglas J. Kline	35,574	Yin P. Zhang	44,372
John D. Lanza	40,060		

Additional registered practitioners named on supplemental Registered Practitioner Information sheet attached hereto.

Direct all correspondence to:

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Declaration and Power of Attorney for Utility or Design Patent Application

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Name of Sole or First Inventor:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])				Family Name or Surname				
Joan W.				Miller				
Inventor's Signature							Date	
Residence 40 Westland Avenue	City	Winchester	State	MA	Country	USA	Citizenship	CANADA
Mailing Address	c/o Retina Service, Massachusetts Eye and Ear Infirmary, 243 Charles Street,							
Mailing Address (ln. 2)	City	Boston	State	MA	ZIP	02114	Country	USA
<input type="checkbox"/> Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) attached hereto.								
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])				Family Name or Surname				
Evangelos S.				Gragoudas				
Inventor's Signature							Date	
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Mailing Address (ln. 2)	City	Boston	State	MA	ZIP	02114	Country	USA
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor						
Given Name (first and middle [if any])				Family Name or Surname				
Reem Z.				Renno				
Inventor's Signature							Date	
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Mailing Address (ln. 2)	City	Boston	State	MA	ZIP	02114	Country	USA

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STATEMENT REGARDING SMALL ENTITY STATUS

Attorney Docket No. MEE-002

Applicant, Patentee, or Identifier: **Miller et al.**

Application or Patent No.: **Not Yet Assigned**

Date Filed or Issued: **February 9, 2001**

Title: **METHODS AND COMPOSITIONS FOR TREATING CONDITIONS OF THE EYE**

NAME OF SMALL BUSINESS OR NONPROFIT ORGANIZATION: Massachusetts Eye and Ear Infirmary

ADDRESS OF SMALL BUSINESS OR NONPROFIT ORGANIZATION: 243 Charles Street, Boston, MA 02114

I hereby state that the above identified small business concern or nonprofit organization qualifies as a small business concern as defined in 37 CFR 1.27 for purposes of paying reduced fees to the United States Patent and Trademark Office. For a small business concern, the number of employees of the concern, including those of its affiliates, does not exceed 500 persons. For purposes of this statement, (1) the number of employees of the business concern is the average over the previous fiscal year of the concern of the persons employed on a full-time, part-time, or temporary basis during each of the pay periods of the fiscal year, and (2) concerns are affiliates of each other when either, directly or indirectly, one concern controls or has the power to control the other, or a third party or parties controls or has the power to control both.

I hereby state that rights under contract or law have been conveyed to and remain with the small business concern or nonprofit organization identified above with regard to the invention described in:

- the application identified above.
 the patent identified above.

If the rights held by the above identified small business concern or nonprofit organization are not exclusive, each individual, concern, or organization having rights in the invention must execute separate statements as to their status as small entities, and no rights to the invention are held by any person, other than the inventor, who would not qualify as an independent inventor under 37 CFR 1.27(a)(1) if that person made the invention, or by any concern which would not qualify as a small business concern under 37 CFR 1.27(a)(2), or a nonprofit organization under 37 CFR 1.27(a)(3).

- No such person, concern, or organization having any rights in the invention exists.
 Each such person, concern, or organization having any rights in the invention is listed below.

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate.

NAME OF PERSON SIGNING

Peter J. Chinemi

TITLE OF PERSON SIGNING

Chief Financial Officer

ADDRESS OF PERSON SIGNING

Massachusetts Eye and Ear Infirmary, 243 Charles Street, Boston, MA 02114

SIGNATURE

DATE

2/8/01